Kiwi Drug (KIWI)

UK/EU Prescribing Policy

Document Control

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E. Associated Legislation, Policy or Guidance Documents Referred to in the Writing of this Document

- GMC guidance on Good practice in prescribing and managing medicines and devices (2013).
- Medicines and Prescribing (NICE)
- Guidance on Prescribing (BMA)
- CARE UK Policies and Procedures (which we have often referred to in creating this policy)

NB: All mention of 'Staff' relates to employed clinical and non-clinical members, plus associated contract holders and key partner-suppliers; this document is non-contractual KIWI may vary or amend this Policy at its discretion and may apply it as far as practicable in the circumstances).

CONTENTS

1. Objective

1.1 to ensure safe and accurate prescribing of medicines for patients undergoing treatment by KIWI Practitioners (which takes place remotely)

NOTE: KIWI is **NOT** an emergency care provider. In the event of a health emergency KIWI Members should dial 999 in the UK (or 112 elsewhere in the EU). For NON-emergency concerns, KIWI Members can e-mail KIWI at info@kiwidrug.com. *[For KIWI Staff, see our 'Member Health Emergency Protocol' which describes KIWI's approach to emergency situations if they arise].*

2. Compliance

2.1 KIWI service complies with paragraphs 33 and 64 of the GMC's guidance on Good practice in prescribing and managing medicines and devices (2013).

2.2 KIWI Members agree on sign-up that their KIWI GP can see their summary medical and prescribing history (previously uploaded by them) and communicate with their own GP (this is a condition of membership). The KIWI GP will therefore have access to a confidential patient medical and prescribing summary that has been provided, initially, by the Member's own GP to the Member, and uploaded by the Member to the KIWI portal. The KIWI GP will have access to the medical and prescribing summary prior to consultation, and they will consider this; the KIWI GP will cover, early in the consultation, the medical and prescribing summary to test that both align, and that the verbal record aligns with the electronic record; the KIWI GP is able to contact the Member's GP before prescribing if they have any concern or need more information (and the Member will already have confirmed their consent to this as a prerequisite for Membership). If the KIWI GP does not feel able to issue a prescription, they will explain to the Member that they cannot prescribe and what the Member's options are.

2.3 In our 'KIWI GP Protocol and Checklist' our GPs are required to follow the advice in paragraphs 30-34 on Sharing Information with Colleagues. Also, even though the KIWI GP will have access to a confidential patient medical and prescribing summary that has been provided, initially, by the patient's own GP, when a Member has an appointment confirmed by KIWI, the GPs name (in full) and their GMC number is included in the consultation confirmation. When the consultation actually begins, the KIWI GP will further confirm their own identity for the Member. The KIWI GP will then continue with a scripted explanation of how the remote consultation will work, what to do if the session is interrupted or suddenly terminated and what to do if they have any further concerns or questions during or after the consultation.

3. Who can prescribe?

3.1 As autonomous and accountable professionals prescribers need to make informed and reasonable decisions in order to meet the professional standards laid down by their professional bodies. The best interests of our service users must be our prime concern.

3.2 By 'informed' we mean that enough information has been gained in order to make the decision. By 'reasonable' we mean that you would need to make sensible, practical decisions about your prescribing practice- the prescriber should be able to justify their decisions if asked.

3.3 Professionals, who may prescribe, subsequently described as "authorised prescribers": Registered medical practitioners with a current GMC license to practice and a contract to provide services for KIWI.

3.4 Such practitioners must:

3.4.1 Follow their relevant professional body guidance on prescribing (GMC "Good Practice in Prescribing Medicines 2008)

3.4.2 Read the medicines policies and procedures and sign to indicate that they have read and understood them before starting work.

3.4.3 Give a specimen signature for reference for other staff to be able to verify their prescriptions and create an Advanced Electronic Signature paired with a private key/certificate pair for EU eIDAS compliance.

4. Responsibilities: Management & Prescriber

4.1 The authorised prescriber is responsible for:

4.2 Prescribing for patients within the context of their treatment plan with due regard to responses to any previous therapies, as recorded in the clinical notes

4.3 Taking into account the clinical guidelines published by

4.3.1 NICE (England)
4.3.2 Scottish Medicines Consortium and Health Improvement Scotland (including the Scottish Intercollegiate Guidelines Network [Scotland])
4.3.2 Department for Health, Social Services and Public Safety (Northern Ireland)
4.3.3 All-Wales Medicines Strategy Group (Wales)

4.3.4 Medical royal colleges and other authoritative sources of specialty specific clinical guidelines

4.4 Familiarity with the guidance in the British National Formulary (BNF) and British National Formulary for Children (BNFC)

4.5 Having access to/ being up to date with / referring to / subscribing to

4.5.1 Medicines and Healthcare Products Regulatory Agency's (MHRA) Drug Safety Update and the NHS Central Alert System (these provide information and advice to support the safer use of medicines relevant to practice and alert readers to safety information about medicines they prescribe)

4.5.2 The National Electronic Library for Medicines (which has extensive information on the safe, effective and efficient use of medicines)

4.5.3 The National Prescribing Centre (now part of the National Institute for Health and Clinical Excellence [NICE], which publishes a range of materials to help improve the safety, clinical and cost effectiveness of prescribing.

4.5.4 The electronic Medicines Compendium (which lists summaries of products)

4.5.5 Drug characteristics leaflets

4.5.6 Other patient information leaflets

4.6 Having Taking or having read an accurate, up to date medication history of the patient before writing a prescription

4.7 Checking and recording patient allergies and sensitivities (named drugs/latex/others)

4.8 Stating the drug, dose, route, rate and times of administration, and duration of treatment, in a legible manner, ensuring the prescription is legal (see guidance below) and date and sign the prescription

4.9 Checking to ensure that each item is in accordance with the national drugs formulary and national antibiotic policy

4.10 Checking that prescribing is in accordance with any guidance issued by the National Patient Safety Agency such as safety alerts or safer practice notices

4.11 Checking for clinically significant drug interactions

4.12 Ensuring the accuracy of dose calculations, particularly where they are complex

4.13 Stating the intended dose in mg/kg or micrograms/kg if a dose calculation involves calculating the dose from the patient's weight, the intended dose should be stated

4.13.1 Discussing the use of the medicine with the patient, giving them sufficient information, including the aims of treatment and the side effects to be able to make an informed decision on whether to take it, and reaching agreement with the patient on its use (see patient information section)

4.13.2 Ensuring there is a written prescription for dispensing and/or administration when an Advanced Electronic Signature is not created.

4.14 As the prescriber is not the patient's own GP, we will be informing the GP of any treatment (the patient has already agreed to this at sign-up)

KIWI GPs will not usually be supplying more than one treatment protocol or an 84-112 day supply, whichever is less

Provided there appears to be no problem, a prescription can be generated and sent to the Pharmacy of the patient's choice (or as advised by KIWI)

4.15 KIWI will **not** issue Un- Licensed Medicines (ULMs) although it may occasionally issue Off-Label Medications ('OLMs').

We are defining a ULM as a medicine with no marketing authorisation for any indication within the UK. We are defining OLM as a medication with a product licence but where the product licence does not cover the indication for which the medicine is being prescribed.

ULMs have not been subject to the same scrutiny with respect to their quality, efficacy and safety and therefore careful consideration will be given to the risk and benefits of their use before they are prescribed.

OLMs are licensed medicines within the UK and we therefore have experience in their use. However, as they are not licensed for their prescribed indication, there

may be limited knowledge and experience of their efficacy and safety in this setting (particularly if they are used at higher than the licensed dose): for example, via different routes or where licensed indications do not reflect current knowledge, including well proven usage (amitriptyline for neuropathic pain or ciprofloxacin eye drops to be instilled in the ear). Again, careful consideration will be given to the risk and benefits of their use before they are prescribed.

4.16 KIWI will NOT be prescribing Schedule 1,2 and 3 controlled Drugs 'CD' ('controlled' or 'controlled delivery' drugs)

4.16.1 Schedule 1 (CD lic POM). Examples: raw opium, cannabis, hallucinogenic drugs
4.16.2 Schedule 2 (CD POM). Examples: diamorphin , morphine, methadone, oxycodone, pethidine, major stimulants (amphetamines), quinalbarbitone and ketamine
4.16.3 Schedule 3 (CD No Register POM). Examples: buprenorphine, tramadol. Temazepam, phenobarbital, midazolam)
4.16.4 Schedule 4 (CD benz POM or CD Anab POM). Examples: Part 1 hypnotics such as zopiclone and Sativex (a cannabinoid oromucosal mouth spray).

4.16.5 Part 2: contains most anabolic steroids together with clenbuterol and growth hormones
4.16.6 Schedule 5 (CD Inv POM or CD inv P). Examples: pholcodine and morphine (oramorph: only morphine liquid 10mg/5ml in this Schedule; all the other morphines are Schedule 2).

5. Best Practice Guidance for Prescription Writing

5.1 KIWI UK's formulary is the British National Formulary ('BNF'). KIWI clinicians will be directed towards the BNF and all have access to the BNF on-line.

5.2 Prescriptions will usually be written electronically by the prescriber, signed (Advanced Electronic Signature) and dated. KIWI GPs will have access to a web App that converts this to PDF for the pharmacy recipient (and KIWI has clear guidelines on preserving privacy in these situations). In exceptional circumstances, the prescription can be **clearly** hand-written in indelible ink, signed by the prescriber and dated.

5.3 Prescriptions will state the following patient information (there is a template, and all data fields are required)

- Surname and first forename of patient,
- Patient identification number
- Address
- Date of birth
- Weight in kg where the dose is calculated by weight
- Allergy status or no allergies

6 Product information

6.1 Name of the product:

6.1.1 Use recommended international non-proprietary name ('rINN') (in line with European practice) will be used

6.1.2 This will be written clearly and not abbreviated

6.1.3 The trade name (proprietary name) should be used for multiple-active ingredient products that have not been given a "co-" title by the British National Formulary

6.1.4 The trade name will be used for certain modified release products, as the brands differ in bioavailability

6.2 The Dose:

6.2.1 Explicit instructions will be given for dose and frequency: "as directed" is not acceptable

6.2.2 For "as required" dosing a minimum dose interval will be specified and an indication (reason for administration) if not obvious. Where appropriate a maximum dose in a specified time period will be stated e.g. "1G in 24 hours"

6.3 For drugs prescribed as a course e.g. antibiotics the length of course must be exactly mirrored with BNF.

6.4 The use of decimal points will be avoided, for example:

'300mg' not '0.3G'; '300 micrograms' not '0.3mg'

6.5 Route of Administration:

6.5.1 This will be stated in plain English but the following abbreviations are acceptable

PO = oral

IM = intramuscular injection
SC = subcutaneous injection
PR = rectal
PV = vaginal

6.5.2 For inhaled medicines the administration device should also be stated e.g. ‘volumatic’, ‘inhaler’, ‘nebulizer’

6.5.3 Changes to an existing prescription must be made by rewriting the prescription

6.6 Monitoring:

6.6.1 Prescribing medication that requires monitoring will be at the KIWI GP’s discretion. If the GP decides to prescribe medication that requires monitoring, it will only be for a maximum of 2 weeks. GPs will ensure that the latest relevant blood tests (no older than 3 months) are available (as provided by the Member) before a prescription can be issued. Examples of such medicines include thyroxine, methotrexate and lithium. Drugs that require monitoring will not be **initiated** by KIWI doctors. Letters with the information about KIWI’s prescribing episode will be sent to the Member’s usual GP who will be responsible for follow-up and monitoring.

7 Delivery of prescription

7.1 KIWI will normally call the delivering pharmacist before sending them the prescription fax or PDF. Otherwise, we will send notice to the pharmacist (in advance) that a prescription will come to them via secure post or courier. KIWI does not currently consider email a secure medium for this purpose, and faxing should be governed by our ‘Safe Haven’ approach

7.2 Prescriptions will be securely communicated to the agreed chemist at the end of the KIWI consultation

7.3 KIWI administrative staff (or the GP if out-of-hours) will usually call the pharmacy to ensure a fax has been received safely

7.4 The patient may normally be able to collect the prescription from the agreed pharmacy as a ‘walk-in’ patient straight away

7.5 If it is not possible to collect the prescription, KIWI will (for an additional charge) arrange for a secure courier service to the Member’s location

8 Self-prescribing and prescribing for family members

8.1 Self-prescribing and prescribing for family members by medical or other authorised prescribers is not permitted

9 Cross-Border Prescribing

9.1 A medicine available in one country might not be sold in another country, or it might be sold under a different brand name. Prescribing can work differently in different countries. The EU Patients' Rights Directive states that medicines have to be dispensed in line with national rules. KIWI makes its best efforts to establish and maintain relationships with pharmacy partners internationally to avoid difficulties where possible. Helpful information on this issue is available here: http://europa.eu/youreurope/citizens/health/prescription-medicine-abroad/prescriptions/faq/index_en.htm

9.2 When a KIWI GP has issued a prescription to be dispensed outside the UK, they will make their best efforts to use the common name for the prescribed product wherever possible. This should enable a pharmacist in another country to prescribe the equivalent product in that country. If there are problems, KIWI Members can find out if their medicine is available in other countries by checking the UK's national contact point for cross-border healthcare here: https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

9.3 Rules on cross-border prescriptions only state which information should be included on the prescription: there is no specific form or format for the prescription. KIWI uses a prescription template that seeks to provide a minimum information set as follows:

9.3.1 Patient details: surname and first name (both written in full), and date of birth

9.3.2 Date of issue of the prescription

9.3.3 Details of the prescribing doctor: surname and first name (written in full), professional qualification, contact details and signature (written or digital)

9.3.4 Details of the prescribed product: its common name (rather than the brand name, which may be different in another country), format (tablet, solution, etc), quantity, strength and dosage

9.4 UK-issued Medical Exemption Certificates are **only** for use in the UK. When Members are travelling outside the UK, they will usually have to pay for

pharmaceutical products and request reimbursement from the UK authorities when back in the UK.

9.5 A European Health Insurance Card does **not** mean that KIWI Members can avoid paying at the pharmacy when a cross-border prescription is dispensed. When an EU Citizen unexpectedly falls ill during a temporary stay abroad (business trip, holiday or study) the EHIC card entitles the holder to receive necessary treatment with the same rights to health care as people insured in the country the EU Citizen finds themselves in. This means that a visitor to a country will pay the same rate at the pharmacy as someone who was insured and living in that country. In some EU countries this may mean not paying anything, while in others there may be a requirement to pay a certain amount towards the cost of the prescription. For travellers without the EHIC card, the full cost of the product dispensed at the pharmacy. Will be due. Again, it is possible to request reimbursement from the UK authorities when back in the UK.

9.6 The rules on cross-border prescriptions also apply in Iceland, Liechtenstein and Norway. However, Switzerland is not covered by the agreement on cross-border prescriptions, and is therefore not obliged to accept prescriptions from other EU countries.

9.7 Some EU countries have their own national rules on time limits for prescriptions (for example, in the Czech Republic prescriptions have to be dispensed within 14 days). To avoid difficulties, KIWI Members should check the UK's national contact point for cross-border healthcare here: https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/cbhc_ncp_en.pdf

10 Audit and Continuous Improvement

10.1 KIWI's prescribing policy will be audited and improved as follows

AUDIT TRIGGER	ACTIVITY	INITIATED BY
12 months since audit	Full audit of KIWI prescription - Volumes - Types / trends - Issues (Patient, GPs, pharmacists, other stakeholders) - Other learnings - Updated prescribing developments and guidance	Director

	- Recommendations for improvements - Implementation (monitored) - Update circulated (monitored)	
Incident or Complaint	- Incident Team may be convened (depending on severity) - Investigation - Recommendations for change - Disciplinary action (if required) - Implementation (monitored) - Update circulated (monitored)	Director
Major or minor change to compliance requirements, legislation, BNF information etc	- Policy updated - Update circulated (monitored)	Clinical Manager